

Rifampin — the tool to finish the job

The co-ordinator of the Canadian Thoracic Society's national Rifampin trial says the long sought after drug appears to be the answer to chronic bacillary, primary drug resistant tuberculosis. In a statement prepared for the CMA Journal, Dr. A. G. Jessamine says: "The judicious use of Rifampin has entirely eliminated chronic bacillary tuberculosis in certain regions of the country with no recurrence anticipated. In addition, the new drug promises more reliable and shorter periods of treatment for new cases of tuberculosis."

Dr. Jessamine's comments follow release of the drug in mid-February by the federal Food and Drug Directorate for general use against tuberculosis on prescription by doctors. Newspaper stories at the time quoted Dr. G. L. Gale, chief of staff at Toronto Hospital, as saying Rifampin had produced "dramatic — little short of miraculous — results."

Says Dr. Jessamine: "This semisynthetic, bacteriocidal antibiotic must be used in combination with other drugs to be effective. Combinations of drugs employing Rifampin provide effective therapeutic regimens for those patients whose tubercle bacilli have already de-

veloped resistance to many of the agents previously utilized. Studies in Canada and other countries have confirmed that Rifampin, in combination with ethambutol, provides rapid sputum conversion in those patients whose organisms are already resistant to "routine" streptomycin, isoniazid and para-amino salicylic acid therapy.

"In eastern Ontario, the persistence of drug-resistant, chronic bacillary tuberculosis has been entirely eliminated by the judicious use of Rifampin in combination with other agents. The elimination of such "carriers" is of tremendous importance to public health authorities and their control programs.

"The key words to success are 'judicious selection'," says Dr. Jessamine. "The efficacy of Rifampin depends entirely on the judicious selection of the appropriate companion drug or drugs, based on expert laboratory susceptibility testing. The use of the drug alone, or its addition to an already ineffective regimen, creates strains of tubercle bacille resistant to Rifampin, and at the same time raises false hopes of recovery. In cases where ethambutol has not been previously administered, Rifampin/ethambutol therapy can be initiated immediately, without awaiting the results of laboratory studies, because there is no cross resistance between these two agents and other specific drugs. However, prior administration of ethambutol necessitates a delay in administration pending the results of susceptibility studies.

"Rifampin has been shown to be as effective as isoniazid. Already investigations and studies indicate these two agents, in combination, effect more rapid sputum conversion, have better patient acceptance than INH-PAS regimens, and may result in considerably shorter periods of treatment. The end result is shorter hospitalization and a more rapid return to employment.

"These regimens appear to be relatively free from side effects, although disturbances of hepatic enzyme systems have been noted, because of its excretion and breakdown through the liver. However, unless these are progressive, the therapy need not be discontinued. Other side effects reported include jaundice, leucopaenia and thrombo-cytopaenia. More severe reactions occur when the drug is used on an interrupted rather than a daily basis. It is imperative that

side effects be actively sought through frequent white, differential and platelet counts and through estimates of liver function.

"The possibility exists that Rifampin may be the tool to speed the eradication of tuberculosis and indeed may be the final pharmaceutical product for this specific purpose. It is of paramount importance therefore that it be used judiciously, intelligently and with skill in its prescription, lest its fine edge be blunted and the opportunity to eliminate tuberculosis be completely lost," Dr. Jessamine added.

Going like hot cakes

Enthusiastic response has greeted the Ontario Hospital Association publication "A guide for the preparation of an operating room policy manual" which is designed to assist hospital administrators, physicians and nurses in the management of hospital operating rooms. The booklet covers legislation and standards now in effect in hospitals for the safe and efficient care of patients undergoing operations, and draws attention to other areas of activity in the OR where the continued advances of medical science demand policies be under constant review. The guide is the first of four such publications planned by OHA. The others will concern the delivery room, central supply and admitting. From an initial distribution to each of the province's 250 hospitals, demand has swelled to a total of more than 400 copies issued. Copies are available to hospitals and physicians across the country at a cost of 50 cents each from the Ontario Hospital Association, Ferland Drive, Don Mills, Ont.

Physician definition on agenda

There is as yet no international definition of the word "physician" and the Executive Board of the World Health Organization is attempting to remedy this lack by proposing that: "A physician is a person who, having been regularly admitted to a medical school duly recognized in the country in which it is located, has successfully completed the prescribed course of studies in medicine and has acquired the requisite qualifications to be legally licensed to practise medicine (comprising prevention, diagnosis, treatment and rehabilitation), using independent judgement to promote community and individual health." This definition will be submitted to the World Health Assembly, meeting in Geneva May 9. The Board also noted that W.H.O. would no longer use the term "paramedical" for the various university-level health professions allied with medicine. This word has led to misinterpretation and does not necessarily correspond to common usage. It also tends to be confused with such terms as "auxiliary" or "middle level" personnel, says the Board.

Trinkets better 'reward' for tots than candy say dentists

If children are going to be "rewarded" for their conduct while visiting medical offices, the rewards should be trinkets, like rings, but not candy.

That's the advice from Saskatchewan dentists to Saskatchewan physicians.

Referring to the candy, Dr. E. Freiden, Saskatoon Dental Society secretary, said: "This practice is not in the best interest of the total health of the child.

"We would appreciate this message being forwarded to your members," he said in a letter to the Saskatchewan Medical Association.